

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILLED

CALIFORNIA FORM	
Date stamp	
JAN 29 2010	
Page <u>1</u> of <u>4</u>	
For Official Use Only	
Statement covers period from <u>07/01/2009</u> through <u>12/31/2009</u>	Date of election if applicable: (Month, Day, Year) CITY OF SANTA MARIA BY: <u>City Clerk</u>
SEE INSTRUCTIONS ON REVERSE	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)
 General Purpose Committee Primarily Formed Candidate/
 Sponsored Officeholder Committee
(Also Complete Part 7)
 Small Contributor Committee
 Political Party/Central Committee

2. Type of Statement:

Preelection Statement Quarterly Statement
 Semi-annual Statement Special Odd-Year Report
 Termination Statement Supplemental Preelection Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

3. Committee Information

I.D. NUMBER

1307852

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends Of Mike Cordero

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/27/2010 Date 01/27/2010
By Kindre Durkee
Signature of Treasurer or Assistant Treasurer

Executed on 01/27/2010 Date 01/27/2010
By Mike Cordero
Signature of Controlling Officerholder, Candidate, Measure Proponent or Responsible Officer of Sponsor

Executed on 01/27/2010 Date 01/27/2010
By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on 01/27/2010 Date 01/27/2010
By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICE/HOI DEB QB CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		
City Council Member, City Of Santa Maria, District: n/a		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE
1212 S Victory Blvd	Burbank	CA

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

- 5 -

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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from 07/01/2009	through 12/31/2009
Page 3 of 4	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	500.00
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	26200.00
3. SUBTOTAL CASH CONTRIBUTIONS	<u>0.00</u>	<u>26700.00</u>
4. Nonmonetary Contributions	Add Lines 1 + 2 \$ <u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Schedule C, Line 3 \$ <u>0.00</u>	26700.00
	Add Lines 3 + 4 \$ <u>0.00</u>	<u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>0.00</u>	15310.00
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>0.00</u>	15310.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>0.00</u>	15310.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>107.91</u>	
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>0.00</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>107.91</u>	

If this is a termination statement, Line 16 must be zero.

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ <u>0.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>26200.00</u>

